Before Starting the CoC Application

The CoC Consolidated Application is made up of two parts: the CoC Application and the CoC Priority Listing, with all of the CoC's project applications either approved and ranked, or rejected. The Collaborative Applicant is responsible for submitting both the CoC Application and the CoC Priority Listing in order for the CoC Consolidated Application to be considered complete.

The Collaborative Applicant is responsible for:
 - Reviewing the FY 2016 CoC Program Competition NOFA in its entirety for specific application and program requirements.
 - Using the CoC Application Detailed Instructions while completing the application in e-snaps.
 - Answering all questions in the CoC application. It is the responsibility of the Collaborative Applicant to ensure that all imported and new responses in all parts of the application are fully reviewed and completed. When doing this keep in mind:

 - This year, CoCs will see that a few responses have been imported from the FY 2015 CoC Application.
 - For some of the questions HUD has provided documents to assist Collaborative Applicants in completing responses.
 - For other questions, the Collaborative Applicant must be aware of responses provided by project applications in their Project Applications.
 - Some questions require the Collaborative Applicant to attach a document to receive credit. This will be identified in the question.
 - All questions marked with an asterisk (*) are mandatory and must be completed in order to submit the CoC Application.

  For CoC Application Detailed Instructions click here.

1A. Continuum of Care (CoC) Identification

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1A-1. CoC Name and Number: NJ-507 - New Brunswick/Middlesex County CoC

1A-2. Collaborative Applicant Name: Middlesex County

1A-3. CoC Designation: CA

1A-4. HMIS Lead:

1B. Continuum of Care (CoC) Engagement

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1B-1. From the list below, select those organizations and persons that participate in CoC meetings.
Then select "Yes" or "No" to indicate if CoC meeting participants are voting members or if they sit on the CoC Board.
Only select "Not Applicable" if the organization or person does not exist in the CoC's geographic area.

Organization/Person Categories	Participates in CoC Meetings	Votes, including electing CoC Board	Sits on CoC Board
Local Government Staff/Officials	Yes	Yes	Yes
CDBG/HOME/ESG Entitlement Jurisdiction	Yes	Yes	Yes
Law Enforcement	Yes	No	No
Local Jail(s)	No	No	No
Hospital(s)	No	No	No
EMT/Crisis Response Team(s)	No	No	No
Mental Health Service Organizations	Yes	Yes	Yes
Substance Abuse Service Organizations	Yes	Yes	Yes
Affordable Housing Developer(s)	Yes	Yes	Yes
Public Housing Authorities	Yes	Yes	Yes
CoC Funded Youth Homeless Organizations	Yes	Yes	No
Non-CoC Funded Youth Homeless Organizations	Yes	Yes	No
School Administrators/Homeless Liaisons	Yes	Yes	No
CoC Funded Victim Service Providers	Yes	Yes	No
Non-CoC Funded Victim Service Providers	No	No	No
Street Outreach Team(s)	Yes	Yes	Yes
Youth advocates	Yes	Yes	No
Agencies that serve survivors of human trafficking	Yes	Yes	No
Other homeless subpopulation advocates	Yes	Yes	No
Homeless or Formerly Homeless Persons	Yes	No	No
SSVF Providers	Yes	Yes	No
NJ Department of Veteran's Affairs	Yes	No	No

1B-1a. Describe in detail how the CoC solicits and considers the full range of opinions from individuals or organizations with knowledge of homelessness or an interest in preventing and ending homelessness in the geographic area. Please provide two examples of organizations or individuals from the list in 1B-1 to answer this question.

Public and mailing list notices ensure that CoC meetings are publicized as open to any agency or person with knowledge of or interest in assisting homeless persons. Monthly CoC meetings are forums for receiving input from a wide variety of agencies/advocates and for sharing policy, advocacy, or action updates from subcommittees. This format allows the CoC to actively engage partners in subcommittee work. For example, the CoC's Coordinated Assessment committee included victim service and street outreach providers throughout the system's development. Separate focus groups were held for street outreach, prevention, emergency shelters/transitional housing and permanent housing. Participants represented victim service providers, mental health service organizations, and veteran organizations. Also, the CoC recently initiated an integration of its work with the work of Medicaid HMO case managers and the health care case managers have begun attending our meetings.

1B-1b. List Runaway and Homeless Youth (RHY)-funded and other youth homeless assistance providers (CoC Program and non-CoC Program funded) who operate within the CoC's geographic area.
Then select "Yes" or "No" to indicate if each provider is a voting member or sits on the CoC Board.

Youth Service Provider (up to 10)	RHY Funded?	Participated as a Voting Member in at least two CoC Meetings between July 1, 2015 and June 20, 2016.	Sat on CoC Board as active member or official at any point between July 1, 2015 and June 20, 2016.
Visions and Pathways	Yes	No	No
Reformed Church of Highland Park Affordable Housing Corporation	No	Yes	No
Catholic Charities Diocese of Metuchen	No	Yes	Yes

1B-1c. List the victim service providers (CoC Program and non-CoC Program funded) who operate within the CoC's geographic area.

Then select "Yes" or "No" to indicate if each provider is a voting member or sits on the CoC Board.

Victim Service Provider for Survivors of Domestic Violence (up to 10)	Participated as a Voting Member in at least two CoC Meetings between July 1, 2015 and June 30, 2016	Sat on CoC Board as active member or official at any point between July 1, 2015 and June 30, 2016.
Women Aware	Yes	No
Town Clock CDC	Yes	No

1B-2. Explain how the CoC is open to proposals from entities that have not previously received funds in prior CoC Program competitions, even if the CoC is not applying for new projects in 2016. (limit 1000 characters)

The CoC widely advertises requests for proposals to all sectors of the community through County Listserv, Human Services Advisory Council Listserv, & posts on the County website. This enables outreach to agencies not currently CoC-funded. Interested agencies can contact the CoC Lead & attend CoC-provided technical assistance (TA) for help with questions about the CoC proposal process. No application criteria disadvantage new agencies, evidenced by one new applicant & one bonus applicant ranking higher than renewals in 2016 process. The CoC's public notice states criteria used to determine whether to include a new project on the project priority list includes agency capacity to implement a project rather than only HUD/CoC experience, as well as prioritizing PSH for chronically homeless or RRH for homeless families/individuals. In 2016, the CoC educated multiple prospective agencies at the TA training, received applications from 3 new agencies, & recommended 2 new applicants for funding.

1B-3. How often does the CoC invite new members to join the CoC through a publicly available invitation?   Monthly

1C. Continuum of Care (CoC) Coordination

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1C-1. Does the CoC coordinate with Federal, State, Local, private and other entities serving homeless individuals and families and those at risk of homelessness in the planning, operation and funding of projects? Only select "Not Applicable" if the funding source does not exist within the CoC's geographic area.

Funding or Program Source	Coordinates with Planning, Operation and Funding of Projects
Housing Opportunities for Persons with AIDS (HOPWA)	Not Applicable
Temporary Assistance for Needy Families (TANF)	Yes
Runaway and Homeless Youth (RHY)	Yes
Head Start Program	No
Housing and service programs funded through Federal, State and local government resources.	Yes

1C-2. The McKinney-Vento Act, requires CoC's to participate in the Consolidated Plan(s) (Con Plan(s)) for the geographic area served by the CoC. The CoC Program Interim rule at 24 CFR 578.7 (c) (4) requires the CoC to provide information required to complete the Con Plan(s) within the CoC's geographic area, and 24 CFR 91.100(a)(2)(i) and 24 CFR 91.110 (b)(2) requires the State and local Con Plan jurisdiction(s) consult with the CoC. The following chart asks for the information about CoC and Con Plan jurisdiction coordination, as well as CoC and ESG recipient coordination.

CoCs can use the CoCs and Consolidated Plan Jurisdiction Crosswalk to assist in answering this question.

	Number
Number of Con Plan jurisdictions with whom the CoC geography overlaps	7
How many Con Plan jurisdictions did the CoC participate with in their Con Plan development process?	7
How many Con Plan jurisdictions did the CoC provide with Con Plan jurisdiction level PIT data?	5
How many of the Con Plan jurisdictions are also ESG recipients?	1
How many ESG recipients did the CoC participate with to make ESG funding decisions?	1
How many ESG recipients did the CoC consult with in the development of ESG performance standards and evaluation process for ESG funded activities?	1

1C-2a. Based on the responses provided in 1C-2, describe in greater detail how the CoC participates with the Consolidated Plan jurisdiction(s) located in the CoC's geographic area and include the frequency and type of interactions between the CoC and the Consolidated Plan jurisdiction(s). (limit 1000 characters)

Middlesex County (MC) is the CoC Lead & Participating Jurisdiction, allowing for daily interaction between MC Consolidated Plan and CoC personnel, with about 5 hours a week of coordination via in-person meetings (3hrs), calls (.5 hr.), and emails (1.5 hrs.). MC also sits on the CoC Executive Committee. CoC agencies are continuously encouraged to provide input to Edison, New Brunswick (NB), Old Bridge, Perth Amboy (PA), Sayreville, and Woodbridge Con Plans, regarding setting priorities, sharing data, and participating in Public Hearings to ensure homeless needs in the CoC are met. NB, PA, and Edison all ask for CoC HMIS data for plans, and Coming Home reviewed/commented on NB priorities. The annual provision of comments/data is the main formal CoC interaction with these six jurisdictions, but MC and HMIS Lead, Coming Home, meet regularly with these municipalities to provide education on homeless issues and discuss opportunities to collaborate on housing opportunities for the homeless.

1C-2b. Based on the response in 1C-2, describe how the CoC is working with ESG recipients to determine local ESG funding decisions and how the CoC assists in the development of performance standards and evaluation of outcomes for ESG-funded activities. (limit 1000 characters)

Middlesex County is both the primary ESG Recipient & CoC Lead, allowing for daily coordination between ESG Recipient & CoC personnel. The CoC has developed joint CoC/ESG project performance standards. The CoC recommends the percentage of ESG funds to be used on eligible activities, with higher percentages directed towards RRH each year, and also approves recommendations on ESG funding. Currently, Catholic Charities is the sole ESG recipient because it operates the majority of emergency shelter beds and can utilize ESG/CoC RRH to quickly end homelessness for consumers. The CoC and ESG Recipient actively share HMIS data, and the CoC acts as a forum for soliciting community input on ESG planning. The CoC's Coordinated Assessment system generates prioritization lists not just for PSH, but also for emergency shelter and ESG/CoC RRH in HMIS. The CoC also provides a forum for the community to send comments to the state of New Jersey to strategically inform its ESG allocation process.

1C-3. Describe how the CoC coordinates with victim service providers and non-victim service providers (CoC Program funded and non-CoC funded) to ensure that survivors of domestic violence are provided housing and services that provide and maintain safety and security. Responses must address how the service providers ensure and maintain the safety and security of participants and how client choice is upheld. (limit 1000 characters)

If a family or individual survivor of domestic violence presents to a homeless assistance provider, and are identified as experiencing an imminent threat or safety risk, only in this case can the provider bypass Coordinated Assessment (CA) and refer directly to the local victim service provider, Women Aware (WA) via phone to ensure data is not collected in HMIS. Survivor households may also access the CA system by calling 2-1-1 to be prioritized for any available resources, including specialized domestic violence resources with WA. If a victim service provider is working with a survivor household, the provider may reach CA staff by phone to case conference without HMIS data entry. In this way, victim households are prioritized for the full range of RRH, PSH, & other housing resources available to the homeless, including 13 PSH units created by the CoC, Edison Housing Authority, WA, and Town Clock CDC dedicated for prioritized victim households.

1C-4. List each of the Public Housing Agencies (PHAs) within the CoC's geographic area. If there are more than 5 PHAs within the CoC's geographic area, list the 5 largest PHAs. For each PHA, provide the percentage of new admissions that were homeless at the time of admission between July 1, 2015 and June 30, 2016 and indicate whether the PHA has a homeless admissions preference in its Public Housing and/or Housing Choice Voucher (HCV) program.

Public Housing Agency Name	% New Admissions into Public Housing and Housing Choice Voucher Program from 7/1/15 to 6/30/16 who were homeless at entry	PHA has General or Limited Homeless Preference
Perth Amboy Housing Authority	0.00%	Yes-Both
New Brunswick Housing Authority		No
Woodbridge Housing Authority		Yes-Both
Carteret Housing Authority		No
Edison Housing Authority		Yes-Both

If you select "Yes--Public Housing," "Yes--HCV," or "Yes--Both" for "PHA has general or limited homeless preference," you must attach documentation of the preference from the PHA in order to receive credit.

1C-5. Other than CoC, ESG, Housing Choice Voucher Programs and Public Housing, describe other subsidized or low-income housing opportunities that exist within the CoC that target persons experiencing homelessness.
(limit 1000 characters)

In 2016, Coming Home of Middlesex County (MC) and CoC partners successfully applied for 33 Housing First state rental assistance vouchers to serve the chronically homeless in the CoC and is beginning to lease up consumers prioritized through Coordinated Assessment (CA). MC is in its 8th year of providing $1M per year from its Housing First Capital program, which must be used to create PH for the homeless. Notable projects funded include Kilmer Homes (30 homeless units), All Saints Apartments (11 homeless vet units), Welcome Home (5 CH units), & Promise House (10 homeless units). The

NJ LIHTC process has created 110 units of affordable housing that are set aside for homeless persons. Ingerman Management completed two LIHTC projects that used CA in placing persons for its 10 homeless set-aside units, & will use CA referrals for 10 additional units in similar projects under construction. The CoC has signed MOUs with three LIHTC applicants with homeless set-asides to use CA referrals.

1C-6. Select the specific strategies implemented by the CoC to ensure that homelessness is not criminalized in the CoC's geographic area. Select all that apply.

Engaged/educated local policymakers:	X
Engaged/educated law enforcement:	X
Implemented communitywide plans:	X
No strategies have been implemented	
Other:(limit 1000 characters)	
Outreach providers partnering with local law enforcement to promote homeless referral rather than arrest	X

1D. Continuum of Care (CoC) Discharge Planning

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1D-1. Select the system(s) of care within the CoC's geographic area for which there is a discharge policy in place that is mandated by the State, the CoC, or another entity for the following institutions? Check all that apply.

Foster Care:	X
Health Care:	X
Mental Health Care:	X
Correctional Facilities:	X
None:	

1D-2. Select the system(s) of care within the CoC's geographic area with which the CoC actively coordinates with to ensure institutionalized persons that have resided in each system of care for longer than 90 days are not discharged into homelessness. Check all that apply.

Foster Care:	X
Health Care:	X
Mental Health Care:	X
Correctional Facilities:	X
None:	

1D-2a. If the applicant did not check all boxes in 1D-2, explain why there is no coordination with the institution(s) that were not selected and explain how the CoC plans to coordinate with the institution(s) to ensure persons

**discharged are not discharged into homelessness.
(limit 1000 characters)**

1E. Centralized or Coordinated Assessment (Coordinated Entry)

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

The CoC Program Interim Rule requires CoCs to establish a Centralized or Coordinated Assessment System which HUD refers to as the Coordinated Entry Process. Based on the recent Coordinated Entry Policy Brief, HUD's primary goals for the coordinated entry process are that assistance be allocated as effectively as possible and that it be easily accessible no matter where or how people present for assistance.

1E-1. Explain how the CoC's coordinated entry process is designed to identify, engage, and assist homeless individuals and families that will ensure those who request or need assistance are connected to proper housing and services.
(limit 1000 characters)

The CoC's two-part Coordinated Assessment (CA) process is widely advertised across the CoC's geography by public notice, List Servs, community meetings, and by frontline shelter/outreach staff. Points of entry for CA are Middlesex County Board of Social Services (MCBOSS) and NJ 2-1-1 Homeless Hotline. MCBOSS is in New Brunswick, one of the CoC's urban centers with concentrations of homeless needs/services. NJ 2-1-1 is a virtual access point covering the whole CoC geography. Rutgers University Behavioral Health Care, Elijah's Promise HEART, & Catholic Charities outreach teams actively engage unsheltered individuals, families, and those least likely to access services to link them to the CA. Solider On & Community Hope provide intensive outreach and CA linkage to veteran households. Homeless or at-risk consumers are uniformly assessed for need/eligibility, and prioritized for prevention, emergency shelter, RRH, TH, & PSH based on length of homelessness and severity of service needs.

1E-2. CoC Program and ESG Program funded projects are required to participate in the coordinated entry process, but there are many other organizations and individuals who may participate but are not required to do so. From the following list, for each type of organization or individual,

**select all of the applicable checkboxes that indicate how that organization
or individual participates in the CoC's coordinated entry process. If there
are other organizations or persons who participate but are not on this list,**

enter the information in the blank text box, click "Save" at the bottom of the screen, and then select the applicable checkboxes.

Organization/Person Categories	Participates in Ongoing Planning and Evaluation	Makes Referrals to the Coordinated Entry Process	Receives Referrals from the Coordinated Entry Process	Operates Access Point for Coordinated Entry Process	Participates in Case Conferencing	Does not Participate	Does not Exist
Local Government Staff/Officials	X	X	X	X	X	☐	☐
CDBG/HOME/Entitlement Jurisdiction	X	X	X	☐	X	☐	☐
Law Enforcement	☐	X	☐	☐	☐	☐	☐
Local Jail(s)	X	X	☐	☐	☐	☐	☐
Hospital(s)	☐	X	☐	☐	☐	☐	☐
EMT/Crisis Response Team(s)	☐	X	☐	☐	☐	☐	☐
Mental Health Service Organizations	X	X	X	X	X	☐	☐
Substance Abuse Service Organizations	X	X	X	☐	X	☐	☐
Affordable Housing Developer(s)	X	X	X	☐	☐	☐	☐
Public Housing Authorities	X	X	X	☐	X	☐	☐
Non-CoC Funded Youth Homeless Organizations	X	X	X	☐	X	☐	☐
School Administrators/Homeless Liaisons	☐	X	☐	☐	☐	☐	☐
Non-CoC Funded Victim Service Organizations	X	X	X	X	X	☐	☐
Street Outreach Team(s)	X	X	X	X	X	☐	☐
Homeless or Formerly Homeless Persons	X					☐	☐
NJ 2-1-1	X	☐	☐	X	X	☐	☐
Medicaid HMOs			X				

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1F. Continuum of Care (CoC) Project Review, Ranking, and Selection

Instructions

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1F-1. For all renewal project applications submitted in the FY 2016 CoC Program Competition complete the chart below regarding the CoC's review of the Annual Performance Report(s).

How many renewal project applications were submitted in the FY 2016 CoC Program Competition?	

How many of the renewal project applications are first time renewals for which the first operating year has not expired yet?	

How many renewal project application APRs were reviewed by the CoC as part of the local CoC competition project review, ranking, and selection process for the FY 2016 CoC Program Competition?	

Percentage of APRs submitted by renewing projects within the CoC that were reviewed by the CoC in the 2016 CoC Competition?	0.00%

1F-2 - In the sections below, check the appropriate box(es) for each selection to indicate how project applications were reviewed and ranked for the FY 2016 CoC Program Competition. Written documentation of the CoC's publicly announced Rating and Review procedure must be attached.

Performance outcomes from APR reports/HMIS:	
% permanent housing exit destinations	X
% increases in income	X
Monitoring criteria:	
Utilization rates	X
Drawdown rates	X
Frequency or Amount of Funds Recaptured by HUD	X

Need for specialized population services:

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Youth	☐
Victims of Domestic Violence	☐
Families with Children	☐
Persons Experiencing Chronic Homelessness	X
Veterans	X

None:	☐

1F-2a. Describe how the CoC considered the severity of needs and vulnerabilities of participants that are, or will be, served by the project applications when determining project application priority.
(limit 1000 characters)

The CoC prioritizes projects based on the degree to which they prioritize and effectively serve vulnerable populations. The CoC gives priority scoring to projects dedicating beds for the chronically homeless in whole or in part, and provides scoring incentives in performance standards for programs with participants receiving SSI/D by making earned income performance measures only inclusive of participants without these benefits. Project applicants seeking to provide PSH and RRH were scored based on the degree to which they plan to coordinate project referrals with the community's Coordinated Assessment process, which prioritizes those with the greatest lengths of homelessness, most severe service needs, high utilization of crisis services, low/no income, & substance abuse issues, in accordance with CoC Policies & Procedures & HUD Notice CPD-16-11. The CoC also scored projects based on site monitoring findings, which indicated whether projects serve targeted vulnerable populations.

1F-3. Describe how the CoC made the local competition review, ranking, and selection criteria publicly available, and identify the public medium(s) used and the date(s) of posting. Evidence of the public posting must be attached.
(limit 750 characters)

The CoC explained in writing via email to renewal projects and to all CoC member agencies via the CoC Listserv and at CoC meetings, and on the County website what the local review, ranking and selection criteria were for the project prioritization. All prospective applicants and community members were notified of the criteria when the CoC solicited new and renewal proposals for both reallocated and Bonus funds. Prior to the CoC meeting on 8/4/16, the CoC publicly posted the results of the ranking and review process for public

comment and the Technical Review Committee presented and explained the scoring, reallocation, and final budget decisions to the full CoC.

1F-4. On what date did the CoC and Collaborative Applicant publicly post all parts of the FY 2016 CoC Consolidated Application that included the final project application ranking? (Written documentation of the public posting, with the date of the posting clearly visible, must be attached. In addition, evidence of communicating decisions to the CoC's full membership must be attached).

1F-5. Did the CoC use the reallocation process in the FY 2016 CoC Program Competition to reduce or reject projects for the creation of new projects? (If the CoC utilized the reallocation process, evidence of the public posting of the reallocation process must be attached.) Yes

1F-5a. If the CoC rejected project application(s), on what date did the CoC and Collaborative Applicant notify those project applicants that their project application was rejected? (If project applications were rejected, a copy of the written notification to each project applicant must be attached.) 08/12/2016

1F-6. In the Annual Renewal Demand (ARD) is the CoC's FY 2016 CoC's FY 2016 Priority Listing equal to or less than the ARD on the final HUD-approved FY2016 GIW? Yes

1G. Continuum of Care (CoC) Addressing Project Capacity

Instructions

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1G-1. Describe how the CoC monitors the performance of CoC Program recipients.
(limit 1000 characters)

The CoC Performance & Evaluation Committee developed specific performance measure (PM) standards based on program type. For example, PSH standards require 85% of participants maintain housing stability/exit to PH, less than 10% return to homelessness, 85% maintain/increase income, 20% of non-SSI/SSD participants have employment income, 85% maintain/obtain mainstream benefits, high data quality, & 90% avg. program utilization rate in reporting period, based on HUD guidance & local priorities. A monitoring tool &PM tool objectively score projects based on the degree to which standards are met. CoC monitoring includes site visits, file & fiscal review, plus HMIS and APR reviews. The CoC is able to conduct annual comprehensive desk & site monitoring of all CoC-funded projects, & monitoring & PM scores are weighted heavily in the CoC's rank and review scoring process, as well as project capacity to fully expend funds & submit timely APRs, which must be documented in local application.

1G-2. Did the Collaborative Applicant include accurately completed and appropriately signed form HUD-2991(s) for all project applications submitted on the CoC Priority Listing?   Yes

2A. Homeless Management Information System (HMIS) Implementation

Intructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2A-1. Does the CoC have a Governance Charter that outlines the roles and responsibilities of the CoC and the HMIS Lead, either within the Charter itself or by reference to a separate document like an MOU/MOA? In all cases, the CoC's Governance Charter must be attached to receive credit, In addition, if applicable, any separate document, like an MOU/MOA, must also be attached to receive credit.   Yes

2A-1a. Include the page number where the roles and responsibilities of the CoC and HMIS Lead can be found in the attached document referenced in 2A-1. In addition, in the textbox indicate if the page number applies to the CoC's attached governance charter or attached MOU/MOA.

2A-2. Does the CoC have a HMIS Policies and Procedures Manual? If yes, in order to receive credit the HMIS Policies and Procedures Manual must be attached to the CoC Application.   Yes

2A-3. Are there agreements in place that outline roles and responsibilities between the HMIS Lead and the Contributing HMIS Organization (CHOs)?   Yes

2A-4. What is the name of the HMIS software Servicepoint

used by the CoC (e.g., ABC Software)?

2A-5. What is the name of the HMIS software vendor (e.g., ABC Systems)?   Bowman Systems, Inc.

2B. Homeless Management Information System (HMIS) Funding Sources

Instructions

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2B-1. Select the HMIS implementation coverage area: Single CoC

* 2B-2. In the charts below, enter the amount of funding from each funding source that contributes to the total HMIS budget for the CoC.

2B-2.1 Funding Type: Federal - HUD

Funding Source	Funding
CoC	$94,681
ESG	$0
CDBG	$0
HOME	$0
HOPWA	$0
Federal - HUD - Total Amount	$94,681

2B-2.2 Funding Type: Other Federal

Funding Source	Funding
Department of Education	$0
Department of Health and Human Services	$0
Department of Labor	$0
Department of Agriculture	$0
Department of Veterans Affairs	$0
Other Federal	$0
Other Federal - Total Amount	$0

2B-2.3 Funding Type: State and Local

Funding Source	Funding

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City	$0
County	$8,687
State	$0
State and Local - Total Amount	$8,687

2B-2.4 Funding Type: Private

Funding Source	Funding
Individual	$0
Organization	$1,572
Private - Total Amount	$1,572

2B-2.5 Funding Type: Other

Funding Source	Funding
Participation Fees	$15,214
Other - Total Amount	$15,214

2B-2.6 Total Budget for Operating Year	$120,154

2C. Homeless Management Information System (HMIS) Bed Coverage

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2C-1. Enter the date the CoC submitted the   05/02/2016
2016 HIC data in HDX, (mm/dd/yyyy):

2C-2. Per the 2016 Housing Inventory Count (HIC) Indicate the number of beds in the 2016 HIC and in HMIS for each project type within the CoC. If a particular project type does not exist in the CoC then enter "0" for all cells in that project type.

Project Type	Total Beds in 2016 HIC	Total Beds in HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
Emergency Shelter (ESG) beds	164	26	138	100.00%
Safe Haven (SH) beds	0	0	0	
Transitional Housing (TH) beds	135	0	105	77.78%
Rapid Re-Housing (RRH) beds	178	0	69	38.76%
Permanent Supportive Housing (PSH) beds	364	11	170	48.16%
Other Permanent Housing (OPH) beds	81	0	76	93.83%

2C-2a. If the bed coverage rate for any project type is below 85 percent, describe how the CoC plans to increase the bed coverage rate for each of these project types in the next 12 months.
(limit 1000 characters)

The CoC does not have any Safe Haven beds within the CoC. The CoC's HMIS coverage for PSH is actually 88.5%, except for 161 HUD-VASH vouchers within its jurisdiction. The local VA participates in the CoC's Veterans Housing Assistance Program/SSVF Partnership, however, this partner is required to enter data into a separate VA database. The CoC's main strategy for increasing the coverage rate for PSH is to build on the success of Coordinated Assessment, which is operated through HMIS. Partners such as the Reformed Church of Highland Park Affordable Housing Corporation have assisted in the development of Coordinated Assessment, and the CoC will been able to integrate 22 more PSH beds programs into HMIS during 2016, bringing the current HMIS coverage to 100%, excluding HUD-VASH.

2C-3. If any of the project types listed in question 2C-2 above have a coverage rate below 85 percent, and some or all of these rates can be attributed to beds covered by one of the following program types, please indicate that here by selecting all that apply from the list below.

VA Grant per diem (VA GPD):	☐
VASH:	☐ X
Faith-Based projects/Rescue mission:	☐
Youth focused projects:	☐ X
Voucher beds (non-permanent housing):	☐
HOPWA projects:	☐
Not Applicable:	☐

2C-4. How often does the CoC review or assess its HMIS bed coverage?   Monthly

2D. Homeless Management Information System (HMIS) Data Quality

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2D-1. Indicate the percentage of unduplicated client records with null or missing values and the percentage of "Client Doesn't Know" or "Client Refused" within the last 10 days of January 2016.

Universal Data Element	Percentage Null or Missing	Percentage Client Doesn't Know or Refused
3.1 Name	0%	0%
3.2 Social Security Number	4%	6%
3.3 Date of birth	1%	0%
3.4 Race	1%	0%
3.5 Ethnicity	1%	0%
3.6 Gender	1%	0%
3.7 Veteran status	2%	0%
3.8 Disabling condition	0%	0%
3.9 Residence prior to project entry	1%	0%
3.10 Project Entry Date	0%	0%
3.11 Project Exit Date	0%	0%
3.12 Destination	0%	0%
3.15 Relationship to Head of Household	1%	0%
3.16 Client Location	2%	0%
3.17 Length of time on street, in an emergency shelter, or safe haven	2%	2%

2D-2. Identify which of the following reports your HMIS generates. Select all that apply:

CoC Annual Performance Report (APR):	X
ESG Consolidated Annual Performance and Evaluation Report (CAPER):	X
Annual Homeless Assessment Report (AHAR) table shells:	X

None	
	☐

2D-3. If you submitted the 2016 AHAR, how many AHAR tables (i.e., ES-ind, ES-family, etc) were accepted and used in the last AHAR? 12

2D-4. How frequently does the CoC review data quality in the HMIS? Monthly

2D-5. Select from the dropdown to indicate if standardized HMIS data quality reports are generated to review data quality at the CoC level, project level, or both. Both Project and CoC

2D-6. From the following list of federal partner programs, select the ones that are currently using the CoC's HMIS.

VA Supportive Services for Veteran Families (SSVF):	☐
VA Grant and Per Diem (GPD):	☐
Runaway and Homeless Youth (RHY):	☐
Projects for Assistance in Transition from Homelessness (PATH):	☐
None:	X

2D-6a. If any of the Federal partner programs listed in 2D-6 are not currently entering data in the CoC's HMIS and intend to begin entering data in the next 12 months, indicate the Federal partner program and the anticipated start date.
(limit 750 characters)

The CoC's Coordinated Assessment (CA) system is designed so any provider, other than a DV provider, refers homeless consumers to CA through HMIS. All

partners assist consumers to access NJ 2-1-1 to be prioritized through CA. The

CoC has found this incentivizes for partners to utilize Even if federal partner programs are not entering client data into the CoC's HMIS, clients will have to be entered in HMIS through initial triage & full assessment for other community resources through Coordinated Assessment. SSVF & PATH providers do not currently use the CoC's HMIS because NJ state regulations requires them to enter into a statewide HMIS system. The CoC contacted HUD TA for help pursuing options to integrate them into the CoC's HMIS.

2E. Continuum of Care (CoC) Sheltered Point-in-Time (PIT) Count

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

The data collected during the PIT count is vital for both CoC's and HUD. HUD needs accurate data to understand the context and nature of homelessness throughout the country, and to provide Congressand the Office of Management and Budget (OMB) with information regarding services provided, gaps in service, and performance. Accurate, high quality data is vital to inform Congress' funding decisions.

2E-1. Did the CoC approve the final sheltered PIT count methodology for the 2016 sheltered PIT count?   Yes

2E-2. Indicate the date of the most recent sheltered PIT count: (mm/dd/yyyy)   01/26/2016

2E-2a. If the CoC conducted the sheltered PIT count outside of the last 10 days of January 2016, was an exception granted by HUD?   Not Applicable

2E-3. Enter the date the CoC submitted the sheltered PIT count data in HDX: (mm/dd/yyyy)   05/02/2016

2F. Continuum of Care (CoC) Sheltered Point-in-Time (PIT) Count: Methods

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2F-1. Indicate the method(s) used to count sheltered homeless persons during the 2016 PIT count:

Complete Census Count:	X
Random sample and extrapolation:	
Non-random sample and extrapolation:	

2F-2. Indicate the methods used to gather and calculate subpopulation data for sheltered homeless persons:

HMIS:	X
HMIS plus extrapolation:	
Interview of sheltered persons:	X
Sample of PIT interviews plus extrapolation:	

2F-3. Provide a brief description of your CoC's sheltered PIT count methodology and describe why your CoC selected its sheltered PIT count methodology.
(limit 1000 characters)

The CoC conducts a complete census count of the sheltered population through a combination of HMIS data and project and client-level surveys for non-HMIS

Applicant: New Brunswick Middlesex County CoC   NJ-507

Project: NJ-507 CoC Registration and Application FY2016   COC_REG_2016_135899
participating agencies/programs. All sheltering agencies submit project level

surveys the day immediately following the PIT count used to verify the accuracy of HMIS data and client-level survey data. HMIS includes unique identifiers (based on SSN, name, age, etc.) that are used for deduplication across HMIS records. The client surveys collect initials, ages, race, gender, and family composition. This information is used to create unique identifiers that are compared against other client level surveys and HMIS records to eliminate duplicates. The CoC conducts a full census due to involvement of all sheltering programs in the process and high data quality of HMIS data. Client-level surveys are used to attain data from DV providers, increase accuracy, to assist in deduplication, and to collect additional information for local planning.

2F-4. Describe any change in methodology from your sheltered PIT count in 2015 to 2016, including any change in sampling or extrapolation method, if applicable. Do not include information on changes to the implementation of your sheltered PIT count methodology (e.g., enhanced training or change in partners participating in the PIT count). (limit 1000 characters)

No change in methodology

2F-5. Did your CoC change its provider coverage in the 2016 sheltered count?   Yes

2F-5a. If "Yes" in 2F-5, then describe the change in provider coverage in the 2016 sheltered count. (limit 750 characters)

Catholic Charities Diocese of Metuchen closed its State Street Transitional Housing Program prior to the 2016 PIT Count.

2G. Continuum of Care (CoC) Sheltered Point-in-Time (PIT) Count: Data Quality

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2G-1. Indicate the methods used to ensure the quality of the data collected during the sheltered PIT count:

Training:	X
Follow-up:	X
HMIS:	X
Non-HMIS de-duplication techniques:	X

2G-2. Describe any change to the way your CoC implemented its sheltered PIT count from 2015 to 2016 that would change data quality, including changes to training volunteers and inclusion of any partner agencies in the sheltered PIT count planning and implementation, if applicable. Do not include information on changes to actual sheltered PIT count methodology (e.g. change in sampling or extrapolation methods). (limit 1000 characters)

No change in implementation

2H. Continuum of Care (CoC) Unsheltered Point-in-Time (PIT) Count

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

HUD requires CoCs to conduct an unsheltered PIT count every 2 years (biennially) during the last 10 days in January; however, HUD also strongly encourages CoCs to conduct the unsheltered PIT count annually at the same time that they conduct annual sheltered PIT counts. HUD required CoCs to conduct the last biennial PIT count during the last 10 days in January 2015.

2H-1. Did the CoC approve the final unsheltered PIT count methodology for the most recent unsheltered PIT count? Yes

2H-2. Indicate the date of the most recent unsheltered PIT count (mm/dd/yyyy): 01/26/2016

2H-2a. If the CoC conducted the unsheltered PIT count outside of the last 10 days of January 2016, or most recent count, was an exception granted by HUD? Not Applicable

2H-3. Enter the date the CoC submitted the unsheltered PIT count data in HDX (mm/dd/yyyy): 05/02/2016

2I. Continuum of Care (CoC) Unsheltered Point-in-Time (PIT) Count: Methods

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2I-1. Indicate the methods used to count unsheltered homeless persons during the 2016 or most recent PIT count:

Night of the count - complete census:	☐
Night of the count - known locations:	X
Night of the count - random sample:	☐
Service-based count:	☐
HMIS:	☐
	☐

2I-2. Provide a brief descripton of your CoC's unsheltered PIT count methodology and describe why your CoC selected this unsheltered PIT count methodology.
(limit 1000 characters)

In 2016, the community's 3 outreach programs, HEART, and two PATH programs, expanded their reach and made great progress in assisting the unsheltered in accessing housing and shelter across the CoC, providing detailed input about targeting locations for the PIT. The CoC's strategy of counting known locations on the night of the count substantially covered the geographic territory for this reason. The CoC also elected to use a 7-day service-based survey methodology in keeping with PIT guidance in order to count the unsheltered that only access services in particular times and places, and the de-duplication efforts ensured this method's accuracy. The CoC also hosted multiple Project Homeless Connect events on the date of the Count with services and giveaways to engage unsheltered persons. The goal of all efforts was to count and engage every single unsheltered person in the CoC during the PIT Count.

2I-3. Describe any change in methodology from your unsheltered PIT count in 2015 (or 2014 if an unsheltered count was not conducted in 2015) to 2016, including any change in sampling or extrapolation method, if applicable. Do not include information on changes to implementation of your sheltered PIT count methodology (e.g., enhanced training or change in partners participating in the count).
(limit 1000 characters)

No change in methodology

2I-4. Has the CoC taken extra measures to identify unaccompanied homeless youth in the PIT count?   Yes

2I-4a. If the response in 2I-4 was "no" describe any extra measures that are being taken to identify youth and what the CoC is doing for homeless youth.
(limit 1000 characters)

The CoC has engaged Visions and Pathways (V&P), a RHY-funded agency which provides shelter and outreach services to homeless youth in order to expand the range of housing options and specialized housing services available to homeless youth in the CoC. The CoC has recommended V&P for bonus RRH funding in the FY 2016 Competition to enable the agency's outreach services to more quickly and effectively link youth to housing. The CoC has also enlisted V&P's participation in its Homeless Youth Task Force and PIT Count planning to expand targeted outreach for this population.

2J. Continuum of Care (CoC) Unsheltered Point-in-Time (PIT) Count: Data Quality

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2J-1. Indicate the steps taken by the CoC to ensure the quality of the data collected for the 2016 unsheltered PIT count:

Training:	X
"Blitz" count:	
Unique identifier:	X
Survey questions:	X
Enumerator observation:	
None:	

2J-2. Describe any change to the way the CoC implemented the unsheltered PIT count from 2015 (or 2014 if an unsheltered count was not conducted in 2015) to 2016 that would affect data quality. This includes changes to training volunteers and inclusion of any partner agencies in the unsheltered PIT count planning and implementation, if applicable. Do not include information on changes in actual methodology (e.g. change in sampling or extrapolation method).
(limit 1000 characters)

In the 2016 PIT Count, the CoC HMIS Lead Agency provided multiple specialized trainings to outreach groups enhancing understanding of the survey methods and interpreting specific questions. The number of incomplete surveys for unsheltered persons fell considerably compared to past years' Counts. The CoC has incorporated CoC member and RHY-funded partner, Visions and Pathways in the PIT Count. This agency provided valuable additional street count outreach efforts and enabled to CoC to improve its count of unsheltered

youth. A new and improved Project Homeless Connect event site was also

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continued in Perth Amboy, more intentionally including partners in that city in counting the homeless, such as God's Army Ministries and homeless and formerly homeless individuals.

3A. Continuum of Care (CoC) System Performance

Instructions

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

3A-1. Performance Measure: Number of Persons Homeless - Point-in-Time Count.

* 3A-1a. Change in PIT Counts of Sheltered and Unsheltered Homeless Persons
Using the table below, indicate the number of persons who were homeless at a Point-in-Time (PIT) based on the 2015 and 2016 PIT counts as recorded in the Homelessness Data Exchange (HDX).

	2015 PIT (for unsheltered count, most recent year conducted)	2016 PIT	Difference
Universe: Total PIT Count of sheltered and unsheltered persons	604	457	-147
Emergency Shelter Total	403	295	-108
Safe Haven Total	0	0	0
Transitional Housing Total	125	78	-47
Total Sheltered Count	528	373	-155
Total Unsheltered Count	76	84	8

3A-1b. Number of Sheltered Persons Homeless - HMIS.
Using HMIS data, enter the number of homeless persons who were served in a sheltered environment between October 1, 2014 and September 30, 2015 for each category provided.

	Between October 1, 2014 and September 30, 2015
Universe: Unduplicated Total sheltered homeless persons	
Emergency Shelter Total	
Safe Haven Total	
Transitional Housing Total	

3A-2. Performance Measure: First Time Homeless.

Describe the CoC's efforts to reduce the number of individuals and

families who become homeless for the first time. Specifically, describe what the CoC is doing to identify risk factors of becoming homeless.

(limit 1000 characters)

The CoC utilizes HMIS and PIT data to analyze the correlation between the vulnerabilities and risk factors that contribute to homelessness and those individuals and families that become homeless for the first time. This information allows the CoC to provide services that best assist at-risk persons to avoid homelessness through prevention. At its Coordinated Assessment (CA) Entry points, NJ 2-1-1 and Middlesex County Board of Social Services (BOSS), the CoC always seeks to divert/prevent households from homelessness. NJ 2-1-1 uses a standardized CA diversion script, but if unsuccessful, referral can be made to prevention resources such as MCBOSS TANF/GA temporary rental/utility assistance, Catholic Charities ESG Prevention/RRH, or PRAHD's State-funded Homelessness Prevention Program. The CoC Prevention Committee is working to coordinate the system so that resource availability is spread strategically through the year and referrals can be made accurately based on availability.

3A-3. Performance Measure: Length of Time Homeless.

Describe the CoC's efforts to reduce the length of time individuals and families remain homeless. Specifically, describe how your CoC has reduced the average length of time homeless, including how the CoC identifies and houses individuals and families with the longest lengths of time homeless.
(limit 1000 characters)

The CoC has developed a 2-part Coordinated Assessment (CA) system (initial triage & full assessment) that enables both emergency shelters and permanent housing providers to prioritize homeless individuals and families with the longest homeless histories (LHH) and the most severe service needs. When a homeless individual or family accesses the CoC's triage, each one is offered case management, and is placed on a shelter priority list, if needed. Those with LHH are prioritized, but all who are homeless/at-risk receive case management to assist in ending their housing crisis rapidly. If a household is not able to be diverted, or end its homelessness within 10 days, a full assessment is conducted to assess and prioritize those with LHH for permanent housing interventions, including CoC PSH and CoC/ESG RRH. This process of continually prioritizing those with LHH means that the CoC is actively reducing average lengths of homelessness for individuals and families.

* 3A-4. Performance Measure: Successful Permanent Housing Placement or Retention.

In the next two questions, CoCs must indicate the success of its projects in placing persons from its projects into permanent housing.

3A-4a. Exits to Permanent Housing Destinations:
Fill in the chart to indicate the extent to which projects exit program

participants into permanent housing (subsidized or non-subsidized) or the retention of program participants in CoC Program-funded permanent supportive housing.

	Between October 1, 2014 and September 30, 2015
Universe: Persons in SSO, TH and PH-RRH who exited	51
Of the persons in the Universe above, how many of those exited to permanent destinations?	39
% Successful Exits	76.47%

3A-4b. Exit To or Retention Of Permanent Housing:
In the chart below, CoCs must indicate the number of persons who exited from any CoC funded permanent housing project, except rapid re-housing projects, to permanent housing destinations or retained their permanent housing between October 1, 2014 and September 31, 2015.

	Between October 1, 2014 and September 30, 2015
Universe: Persons in all PH projects except PH-RRH	136
Of the persons in the Universe above, indicate how many of those remained in applicable PH projects and how many of those exited to permanent destinations?	133
% Successful Retentions/Exits	97.79%

3A-5. Performance Measure: Returns to Homelessness: Describe the CoCs efforts to reduce the rate of individuals and families who return to homelessness. Specifically, describe strategies your CoC has implemented to identify and minimize returns to homelessness, and demonstrate the use of HMIS or a comparable database to monitor and record returns to homelessness.
(limit 1000 characters)

The CoC's HMIS Lead Agency uses HMIS to identify persons who reenter the system or have multiple episodes of homelessness. The CoC's Performance and Evaluation Committee tracks the number of households who enter the homeless system and return within 6, 12, & 24 months. A front end screening process identifies chronically homeless individuals who need permanent supportive housing or those who could be rapidly rehoused to ensure consumers receive appropriate levels of support to maintain housing. Strategies: 1. The CoC offers homeless case management to all homeless/at-risk households to prevent re-entry into the system where possible. 2. RRH providers conduct 6 month follow up to ensure housing stability. 3. The CoC's One-Stop employment partnership provides linkage opportunities for permanently-housed consumers to employment resources to ensure housing stability.

3A-6. Performance Measure: Job and Income Growth.

Performance Measure: Job and Income Growth. Describe the CoC's specific strategies to assist CoC Program-funded projects to increase

program participants' cash income from employment and non-employment non-cash sources.
(limit 1000 characters)

Elijah's Promise, an outreach and PSH sponsor agency has SOAR certified staff, and a partnership with Rutgers University Behavioral Health Care staff to co-locate at Elijah's soup kitchen, where they are able to quickly and effectively link clients outreached to on the street or at the local soup kitchen to non-employment sources of income such as SSD/SSI or TANF/GA through the Middlesex County Board of Social Services (MCBOSS). Catholic Charities TH and RRH case managers are also SOAR certified. MCBOSS is often the first stop for CoC-funded project case managers in order to help secure income for clients, and all TANF/GA eligible clients are given referrals to the One-Stop Career Center to access mainstream employment services. Consumers of any outreach, ES, and TH project are also encouraged to participate in the time and resources set-aside for homeless persons at the One-Stop center through Coming Home's Employment Initiative.

3A-6a. Describe how the CoC is working with mainstream employment organizations to aid homeless individuals and families in increasing their income.
(limit 1000 characters)

In a CoC-wide Employment Initiative created by Coming Home, in partnership with NJ Dept. of Labor and County One Stop employment center, all CoC/ESG project clients have been able to take advantage, on a bi-weekly basis, of individualized job training sessions, employment counseling, job matching, access to computers, & staff time, solely for homeless consumers served by CoC partners. The program is actively used by consumers from 100% of CoC emergency shelters & TH projects, but services are available to all homeless and formerly homeless individuals. The CoC is notified by the One-Stop Center, employers, and community partners about job opportunities, and notifies CoC agencies so clients can access these opportunities as they arise. The Employment Initiative is also continuing to outreach to participants in CoC-funded PSH and RRH to increase participation, as well as to other, non-housing specific homeless service agencies.

3A-7. What was the the criteria and decision-making process the CoC used to identify and exclude specific geographic areas from the CoC's unsheltered PIT count?
(limit 1000 characters)

During the PIT Count & year-round, the CoC's Street Outreach is an aggressive effort to locate homeless people on the street throughout the CoC's entire geography; particularly seeking those who are elusive or not active help-seekers who are at risk for long term homelessness, to engage them in Housing programs, services, & care. Throughout the year, outreach teams earmark certain municipalities each month for outreach to police, businesses, transit centers, & community leaders, covering the whole CoC area annually. The 2

PATH teams & HEART Outreach use Homeless care packages, food, clothing, shelter, & work to engage/build trusting relationships. Through Coordinated Assessment, Street Outreach clients are prioritized for shelter at triage, which can incentivize clients to engage with the Outreach providers. During winter,

Outreach teams work closely with the seasonal & rotating shelters, including nightly Code Blue sites, where the unsheltered tend to seek refuge when it is colder.

3A-7a. Did the CoC completely exclude geographic areas from the the most recent PIT count (i.e., no one counted there and, for communities using samples the area was excluded from both the sample and extrapolation) where the CoC determined that there were no unsheltered homeless people, including areas that are uninhabitable (e.g. disasters)?   No

3A-7b. Did the CoC completely exclude geographic areas from the the most recent PIT count (i.e., no one counted there and, for communities using samples the area was excluded from both the sample and extrapolation) where the CoC determined that there were no unsheltered homeless people, including areas that are uninhabitable (e.g. deserts, wilderness, etc.)?
(limit 1000 characters)

No areas were completely excluded

3A-8. Enter the date the CoC submitted the system performance measure data into HDX. The System Performance Report generated by HDX must be attached. (mm/dd/yyyy)   08/05/2016

3A-8a. If the CoC was unable to submit their System Performance Measures data to HUD via the HDX by the deadline, explain why and describe what specific steps they are taking to ensure they meet the next HDX submission deadline for System Performance Measures data.
(limit 1500 characters)

3B. Continuum of Care (CoC) Performance and Strategic Planning Objectives

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Objective 1: Ending Chronic Homelessness

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

To end chronic homelessness by 2017, HUD encourages three areas of focus through the implementation of Notice CPD 14-012: Prioritizing Persons Experiencing Chronic Homelessness in Permanent Supportive Housing and Recordkeeping Requirements for Documenting Chronic Homeless Status.

1. Targeting persons with the highest needs and longest histories of homelessness for existing and new permanent supportive housing; 2. Prioritizing chronically homeless individuals, youth and families who have the longest histories of homelessness; and 3. The highest needs for new and turnover units.

3B-1.1. Compare the total number of chronically homeless persons, which includes persons in families, in the CoC as reported by the CoC for the 2016 PIT count compared to 2015 (or 2014 if an unsheltered count was not conducted in 2015).

	2015 (for unsheltered count, most recent year conducted)	2016	Difference
Universe: Total PIT Count of sheltered and unsheltered chronically homeless persons	86	44	-42
Sheltered Count of chronically homeless persons	61	19	-42
Unsheltered Count of chronically homeless persons	25	25	0

3B-1.1a. Using the "Differences" calculated in question 3B-1.1 above, explain the reason(s) for any increase, or no change in the overall TOTAL number of chronically homeless persons in the CoC, as well as the change in the unsheltered count, as reported in the PIT count in 2016

compared to 2015.
(limit 1000 characters)

The decrease in the total chronically homeless (CH) and total sheltered CH persons figures can be attributed to a) the prioritization of CH persons through Coordinated Assessment for all dedicated and non-dedicated PSH beds b) creation of additional CH-prioritized PSH units. The unsheltered CH population remaining constant is related to the relatively warmer weather on the night of the 2016 PIT Count which meant a Code Blue was not in effect, so no additional Code Blue shelter beds were available unlike past years. In 2015, the CoC adjusted its PIT Count methodology to include a 7-day service-based count strategy and was able to implement it better in 2016. Also, a portion of the shelter system in the CoC is based on eligibility for Emergency Assistance provided through the local welfare agency for those households eligible for TANF, GA, or SSI. Between 2015 and 2016 fewer households were determined eligible for assistance thus reducing the number placed in shelter/hotel placements.

3B-1.2. Compare the total number of PSH beds (CoC Program and non-CoC Program funded) that were identified as dedicated for use by chronically homeless persons on the 2016 Housing Inventory Count, as compared to those identified on the 2015 Housing Inventory Count.

	2015	2016	Difference
Number of CoC Program and non-CoC Program funded PSH beds dedicated for use by chronically homelessness persons identified on the HIC.	53	59	6

**3B-1.2a. Explain the reason(s) for any increase, or no change in the total number of PSH beds (CoC program funded or non-CoC Program funded) that were identified as dedicated for use by chronically homeless persons on the 2016 Housing Inventory Count compared to those identified on the 2015 Housing Inventory Count.
(limit 1000 characters)**

This increase is due to additional lease-up of the Middlesex County Leasing 3 CoC project, and the Welcome Home projects between the 2015 and 2016 HIC reporting.

**3B-1.3. Did the CoC adopt the Orders of   Yes
Priority into their standards for all CoC
Program funded PSH as described in Notice
CPD-14-012: Prioritizing Persons
Experiencing Chronic Homelessness in
Permanent Supportive Housing and
Recordkeeping Requirements for
Documenting Chronic Homeless Status?**

3B-1.3a. If "Yes" was selected for question 3B-1.3, attach a copy of the CoC's written standards or other evidence that clearly

**shows the incorporation of the Orders of
Priority in Notice CPD_14-012 and indicate
the page(s) for all documents where the
Orders of Priority are found.**

**3B-1.4. Is the CoC on track to meet the goal
of ending chronic homelessness by 2017?**   Yes

This question will not be scored.

**3B-1.4a. If the response to question 3B-1.4 was "Yes" what are the
strategies that have been implemented by the CoC to maximize current
resources to meet this goal? If "No" was selected, what resources or
technical assistance will be implemented by the CoC to reach to goal of
ending chronically homelessness by 2017?
(limit 1000 characters)**

The CoC worked with Edison Housing Authority to lease up 8 more CH persons
in existing CoC projects, & reallocated unexpended funds to fully implement its
Coordinated Assessment (CA) to enhance access to services and prioritization
of the chronically homeless. In the FY2016 Competition, the CoC strategically
reallocated its final CoC-funded TH project to create a new CH-dedicated PSH
project. In addition, all existing PSH beds not dedicated to the chronically
homeless have been prioritized for them through CA and referral. Through a NJ
State Housing First program, 33 new PSH units for the chronically homeless
developed in 2016 by Coming Home. CA ensures all turnover beds are
prioritized for the CH in CoC projects. Also in 2016, the CoC was able to
coordinate efforts for CoC-funded PSH participants who were assessed as not
needing to engage in services to apply for HCV openings, creating PSH
turnover for new CH placements.

3B. Continuum of Care (CoC) Strategic Planning Objectives

3B. Continuum of Care (CoC) Strategic Planning Objectives

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

HUD will evaluate CoC's based on the extent to which they are making progress to achieve the goal of ending homelessness among households with children by 2020.

3B-2.1. What factors will the CoC use to prioritize households with children during the FY2016 Operating year? (Check all that apply).

Vulnerability to victimization:	X
Number of previous homeless episodes:	X
Unsheltered homelessness:	X
Criminal History:	
Bad credit or rental history (including not having been a leaseholder):	
Head of household has mental/physical disabilities:	X
N/A:	

3B-2.2. Describe the CoC's strategies including concrete steps to rapidly rehouse every household with children within 30 days of those families becoming homeless.

Widespread advertising, outreach, and CoC referral procedure, ensure all homeless or at-risk families are able to quickly access assistance through NJ 2-1-1 or the Middlesex County Board of Social Services (MCBOSS). Through the CoC's triage process with NJ 2-1-1, families are diverted and referred to prevention assistance, or if they cannot be diverted or prevented from homelessness, they are prioritized for shelter and universal homeless case management. Emergency shelter and RRH assistance are seamlessly integrated since Catholic Charities operates both RRH and most ES within the CoC. To reduce the length of time families spend homeless, the CoC's Coordinated Assessment priority list enables Catholic Charities to serve CoC clients with the longest histories of homelessness first. The CoC also utilizes a part time Housing Locator who is actively working on engaging landlords in the community to be more flexible with their criteria for homeless families.

3B-2.3. Compare the number of RRH units available to serve families from the 2015 and 2016 HIC.

	2015	2016	Difference
RRH units available to serve families in the HIC:	17	66	49

3B-2.4. How does the CoC ensure that emergency shelters, transitional housing, and permanent housing (PSH and RRH) providers within the CoC do not deny admission to or separate any family members from other members of their family based on age, sex, gender or disability when entering shelter or housing? (check all strategies that apply)

CoC policies and procedures prohibit involuntary family separation:	☐
There is a method for clients to alert CoC when involuntarily separated:	☐
CoC holds trainings on preventing involuntary family separation, at least once a year:	☐
	☐
	☐
None:	X

3B-2.5. Compare the total number of homeless households with children in the CoC as reported by the CoC for the 2016 PIT count compared to 2015 (or 2014 if an unsheltered count was not conducted in 2015).

PIT Count of Homelessness Among Households With Children

	2015 (for unsheltered count,		
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	most recent year conducted)	2016	Difference
Universe: Total PIT Count of sheltered and unsheltered homeless households with children:	92	73	-19
Sheltered Count of homeless households with children:	90	70	-20
Unsheltered Count of homeless households with children:	2	3	1

3B-2.5a. Explain the reason(s) for any increase, or no change in the total number of homeless households with children in the CoC as reported in the 2016 PIT count compared to the 2015 PIT count. (limit 1000 characters)

Decreases in total numbers of overall homeless and sheltered families can be attributed to a) lease-up of 30 new units dedicated to the homeless at Kilmer Homes, as well as implementation of County Leasing projects; b) the CoC RRH project; c) the CoC increasing ESG funds for RRH for families; and d) NJ Division of Family Development changing eligibility criteria for emergency assistance, resulting in fewer shelter placements and increased diversion. With additional PH units coming online, and with the shift at the MCBOSS in how homeless households with children are served, more families were able to secure permanent housing. The slight increase in unsheltered families is evidence that Project Homeless Connect, partnering with local school districts, & street outreach efforts were effective.

3B-2.6. From the list below select the strategies to the CoC uses to address the unique needs of unaccompanied homeless youth including youth under age 18, and youth ages 18-24, including the following.

Human trafficking and other forms of exploitation?	Yes
LGBTQ youth homelessness?	Yes
Exits from foster care into homelessness?	Yes
Family reunification and community engagement?	Yes
Positive Youth Development, Trauma Informed Care, and the use of Risk and Protective Factors in assessing youth housing and service needs?	Yes
Unaccompanied minors/youth below the age of 18?	Yes

3B-2.6a. Select all strategies that the CoC uses to address homeless youth trafficking and other forms of exploitation.

Diversion from institutions and decriminalization of youth actions that stem from being trafficked:	☐
Increase housing and service options for youth fleeing or attempting to flee trafficking:	☐

Specific sampling methodology for enumerating and characterizing local youth trafficking:	☐
Cross systems strategies to quickly identify and prevent occurrences of youth trafficking:	☐
Community awareness training concerning youth trafficking:	X
N/A:	☐

3B-2.7. What factors will the CoC use to prioritize unaccompanied youth including youth under age 18, and youth ages 18-24 for housing and services during the FY 2016 operating year? (Check all that apply)

Vulnerability to victimization:	X
Length of time homeless:	X
Unsheltered homelessness:	X
Lack of access to family and community support networks:	X
N/A:	☐

3B-2.8. Using HMIS, compare all unaccompanied youth including youth under age 18, and youth ages 18-24 served in any HMIS contributing program who were in an unsheltered situation prior to entry in FY 2014 (October 1, 2013-September 30, 2014) and FY 2015 (October 1, 2014 - September 30, 2015).

	FY 2014 (October 1, 2013 - September 30, 2014)	FY 2015 (October 1, 2014 - September 30, 2105)	Difference
Total number of unaccompanied youth served in HMIS contributing programs who were in an unsheltered situation prior to entry:	1	8	7

3B-2.8a. If the number of unaccompanied youth and children, and youth-headed households with children served in any HMIS contributing

program who were in an unsheltered situation prior to entry in FY 2015 is lower than FY 2014 explain why.
(limit 1000 characters)

3B-2.9. Compare funding for youth homelessness in the CoC's geographic area in CY 2016 and CY 2017.

	Calendar Year 2016	Calendar Year 2017	Difference
Overall funding for youth homelessness dedicated projects (CoC Program and non-CoC Program funded):	$66,613.00	$144,971.00	$78,358.00
CoC Program funding for youth homelessness dedicated projects:	$0.00	$78,371.00	$78,371.00
Non-CoC funding for youth homelessness dedicated projects (e.g. RHY or other Federal, State and Local funding):	$66,613.00	$66,600.00	($13.00)

3B-2.10. To what extent have youth services and educational representatives, and CoC representatives participated in each other's meetings between July 1, 2015 and June 30, 2016?

Cross-Participation in Meetings		# Times
CoC meetings or planning events attended by LEA or SEA representatives:		5
LEA or SEA meetings or planning events (e.g. those about child welfare, juvenile justice or out of school time) attended by CoC representatives:		2
CoC meetings or planning events attended by youth housing and service providers (e.g. RHY providers):		10

3B-2.10a. Based on the responses in 3B-2.10, describe in detail how the CoC collaborates with the McKinney-Vento local educational authorities and school districts.
(limit 1000 characters)

The CoC developed an enhanced partnership with McKinney-Vento educational services by involving homeless liaisons in the CoC's committees. The Homeless Youth Task Force works in partnership with the County Human Services Advisory Committee on protocols for identification of homeless youth, maintaining school enrollment, and procedures for information sharing. The HMIS Lead Agency, who serves as the PIT Coordinator, attends quarterly meetings of the Homeless School Liaisons in order to provide trainings on the Point In Time, Coordinated Assessment, and other services available to homeless youth in the CoC. The Homeless School Liaisons participate in the Point in Time annually by completing the PIT surveys with the homeless students in their districts.

3B-2.11. How does the CoC make sure that homeless individuals and families who become homeless are informed of their eligibility for and

receive access to educational services? Include the policies and procedures that homeless service providers (CoC and ESG Programs) are required to follow.
(limit 2000 characters)

The CoC has assisted its CoC/ESG-funded agencies in making families aware of their eligibility for and access to educational services by working with the Regional McKinney-Vento Programs and Director to create an understanding of the rights guaranteed, and services available to homeless children and youth through this program. Meeting attendance and cross training have been utilized to promote understanding and awareness. Homeless service providers receive regular information on the rights of homeless youth to access educational services, including state mandated transportation to the individual's home school district. Through Coordinated Assessment, vulnerable homeless youth are able to be identified and prioritized for CoC and ESG programs for which they are eligible. Reformed Church of Highland Park Affordable Housing Corporation works closely with youth care management organizations and the State Department of Child Permanency and Protection to identify and provide youth with the most appropriate educational resources.

3B-2.12. Does the CoC or any HUD-funded projects within the CoC have any written agreements with a program that services infants, toddlers, and youth children, such as Head Start; Child Care and Development Fund; Healthy Start; Maternal, Infant, Early Childhood Home Visiting programs; Public Pre-K; and others?
(limit 1000 characters)

3B. Continuum of Care (CoC) Performance and Strategic Planning Objectives

<div style="background:#ccc">

Objective 3: Ending Veterans Homelessness

</div>

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

Opening Doors outlines the goal of ending Veteran homelessness by the end of 2016. The following questions focus on the various strategies that will aid communities in meeting this goal.

3B-3.1. Compare the total number of homeless Veterans in the CoC as reported by the CoC for the 2016 PIT count compared to 2015 (or 2014 if an unsheltered count was not conducted in 2015).

	2015 (for unsheltered count, most recent year conducted)	2016	Difference
Universe: Total PIT count of sheltered and unsheltered homeless veterans:	22	14	-8
Sheltered count of homeless veterans:	21	10	-11
Unsheltered count of homeless veterans:	1	4	3

3B-3.1a. Explain the reason(s) for any increase, or no change in the total number of homeless veterans in the CoC as reported in the 2016 PIT count compared to the 2015 PIT count.
(limit 1000 characters)

The CoC continues its Veteran Housing Assistance Program (VHAP)/SSVF Partnership to coordinate efforts to end vet homelessness. This collaboration combines County prevention/RRH program with two SSVF providers, who work in conjunction with VA VASH office to make referrals. Case conference calls among the partnership occur every 3 weeks. Based on the needs of the homeless vet household, one or more agencies might provide targeted financial assistance to stabilize the household. Referrals to the VASH program are made as appropriate. Through Coordinated Assessment, all vets are offered a referral to the County VHAP program for case management services specific to their vet status. The CoC's ability to target and mix strict VA funding with flexible County

funds to cover costs beyond SSVF limits has helped the CoC get to the point of reaching functional zero in 2016 for vets homelessness, for which it is seeking

federal recognition for meeting benchmarks.

3B-3.2. Describe how the CoC identifies, assesses, and refers homeless veterans who are eligible for Veterean's Affairs services and housing to appropriate reources such as HUD-VASH and SSVF.
(limit 1000 characters)

Coordinated Assessment (CA) includes specific screening questions designed to ensure that Veterans eligible for VA services are accurately identified & referred to County Veterans Services staff & SSVF resources. In cases where a consumer is identified as potentially eligible for VA services/HUD-VASH, County Veterans staff will case conference with staff from Community Hope & Soldier On, SSVF agencies which provide housing services to eligible consumers, & assistance in eligibility determinations. These agencies also provide outreach, engaging veterans & referring the VA ineligible to the CA system & County resources which supplement SSVF resources to aid in maintaining housing stability. The Middlesex County Veterans Advisory Council meets bi-weekly to ensure all homeless vets are identified, to maintain a list of homeless vets in the community, & to prioritize housing resources for vets. The CoC has reached functional zero in terms of veterans' homelessness.

3B-3.3. Compare the total number of homeless Veterans in the CoC and the total number of unsheltered homeless Veterans in the CoC, as reported by the CoC for the 2016 PIT Count compared to the 2010 PIT Count (or 2009 if an unsheltered count was not conducted in 2010).

	2010 (or 2009 if an unsheltered count was not conducted in 2010)	2016	% Difference
Total PIT Count of sheltered and unsheltered homeless veterans:	21	14	-33.33%
Unsheltered Count of homeless veterans:	7	4	-42.86%

3B-3.4. Indicate from the dropdown whether you are on target to end Veteran homelessness by the end of 2016.   Yes

This question will not be scored.

3B-3.4a. If "Yes", what are the strategies being used to maximize your current resources to meet this goal? If "No" what resources or technical assistance would help you reach the goal of ending Veteran

**homelessness by the end of 2016?
(limit 1000 characters)**

The CoC would appreciate deeper conversation around HUD/VASH and GPD

programs regarding how these programs do not implement a Housing First orientation.

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4A. Accessing Mainstream Benefits

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

4A-1. Does the CoC systematically provide information to provider staff about mainstream benefits, including up-to-date resources on eligibility and program changes that can affect homeless clients?   Yes

4A-2. Based on the CoC's FY 2016 new and renewal project applications, what percentage of projects have demonstrated they are assisting project participants to obtain mainstream benefits? This includes all of the following within each project: transportation assistance, use of a single application, annual follow-ups with participants, and SOAR-trained staff technical assistance to obtain SSI/SSDI?

FY 2016 Assistance with Mainstream Benefits

Total number of project applications in the FY 2016 competition (new and renewal):	
Total number of renewal and new project applications that demonstrate assistance to project participants to obtain mainstream benefits (i.e. In a Renewal Project Application, "Yes" is selected for Questions 2a, 2b and 2c on Screen 4A. In a New Project Application, "Yes" is selected for Questions 5a, 5b, 5c, 6, and 6a on Screen 4A).	
Percentage of renewal and new project applications in the FY 2016 competition that have demonstrated assistance to project participants to obtain mainstream benefits:	0%

4A-3. List the organizations (public, private, non-profit and other) that you collaborate with to facilitate health insurance enrollment, (e.g., Medicaid, Medicare, Affordable Care Act options) for program participants. For each organization you partner with, detail the specific outcomes resulting from the partnership in the establishment of benefits.
(limit 1000 characters)

CoC members actively assist homeless consumers in obtaining insurance by utilizing NJ's Medicaid expansion/ACA health insurance, & Jewish Renaissance Medical Center provides Navigators at Project Homeless Connect events. Coming Home has partnered with all 5 Medicaid Managed Care Organizations (MCO) in NJ as a pilot for expanding access to insurance, Medicaid, and health

care case management from insurers for the homeless. This designates
responsibility for healthcare to MCO case managers while homeless case
managers provide housing/services. Participants gain increased access to

healthcare, improved outcomes, & decreased emergency service usage. Promise Clinic, a partnership between Elijah's Promise and Rutgers Medical School, provides health care outreach, screenings, & Medicaid applications to the homeless. The 3 CoC Street Outreach projects also assist unsheltered clients in applying for Medicaid. Through these efforts, the number of insured homeless clients continues to increase.

4A-4. What are the primary ways the CoC ensures that program participants with health insurance are able to effectively utilize the healthcare benefits available to them?

Educational materials:	X
In-Person Trainings:	X
Transportation to medical appointments:	X
Partnership with CoC Member and FQHC Jewish Renaissance Foundation	X
Not Applicable or None:	

4B. Additional Policies

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

4B-1. Based on the CoCs FY 2016 new and renewal project applications, what percentage of Permanent Housing (PSH and RRH), Transitional Housing (TH), and SSO (non-Coordinated Entry) projects in the CoC are low barrier?

FY 2016 Low Barrier Designation

Total number of PH (PSH and RRH), TH and non-Coordinated Entry SSO project applications in the FY 2016 competition (new and renewal):	
Total number of PH (PSH and RRH), TH and non-Coordinated Entry SSO renewal and new project applications that selected "low barrier" in the FY 2016 competition:	
Percentage of PH (PSH and RRH), TH and non-Coordinated Entry SSO renewal and new project applications in the FY 2016 competition that will be designated as "low barrier":	0%

4B-2. What percentage of CoC Program-funded Permanent Supportive Housing (PSH), Rapid Re-Housing (RRH), SSO (non-Coordinated Entry) and Transitional Housing (TH) FY 2016 Projects have adopted a Housing First approach, meaning that the project quickly houses clients without preconditions or service participation requirements?

FY 2016 Projects Housing First Designation

Total number of PSH, RRH, non-Coordinated Entry SSO, and TH project applications in the FY 2016 competition (new and renewal):	
Total number of PSH, RRH, non-Coordinated Entry SSO, and TH renewal and new project applications that selected Housing First in the FY 2016 competition:	
Percentage of PSH, RRH, non-Coordinated Entry SSO, and TH renewal and new project applications in the FY 2016 competition that will be designated as Housing First:	0%

4B-3. What has the CoC done to ensure awareness of and access to housing and supportive services within the CoC's geographic area to persons that could benefit from CoC-funded programs but are not currently participating in a CoC funded program? In particular, how does the CoC reach out to for persons that are least likely to request housing or services in the absence of special outreach?

Direct outreach and marketing:

	x

Use of phone or internet-based services like 211:	X
Marketing in languages commonly spoken in the community:	X
Making physical and virtual locations accessible to those with disabilities:	X
Not applicable:	

4B-4. Compare the number of RRH units available to serve populations from the 2015 and 2016 HIC.

	2015	2016	Difference
RRH units available to serve all populations in the HIC:	36	89	53

4B-5. Are any new proposed project applications requesting $200,000 or more in funding for housing rehabilitation or new construction? No

4B-6. If "Yes" in Questions 4B-5, then describe the activities that the project(s) will undertake to ensure that employment, training and other economic opportunities are directed to low or very low income persons to comply with section 3 of the Housing and Urban Development Act of 1968 (12 U.S.C. 1701u) (Section 3) and HUD's implementing rules at 24 CFR part 135?
 (limit 1000 characters)

4B-7. Is the CoC requesting to designate one or more of its SSO or TH projects to serve families with children and youth defined as homeless under other Federal statutes?

4B-7a. If "Yes", to question 4B-7, describe how the use of grant funds to serve such persons is of equal or greater priority than serving persons

Applicant: New Brunswick Middlesex County CoC

NJ-507

Project: NJ-507 CoC Registration and Application FY2016

COC REG 2016 135899

defined as homeless in accordance with 24 CFR 578.89. Description must

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include whether or not this is listed as a priority in the Consolidated Plan(s) and its CoC strategic plan goals. CoCs must attach the list of projects that would be serving this population (up to 10 percent of CoC total award) and the applicable portions of the Consolidated Plan.
(limit 2500 characters)

4B-8. Has the project been affected by a major disaster, as declared by the President Obama under Title IV of the Robert T. Stafford Disaster Relief and Emergency Assistant Act, as amended (Public Law 93-288) in the 12 months prior to the opening of the FY 2016 CoC Program Competition?   No

4B-8a. If "Yes" in Question 4B-8, describe the impact of the natural disaster on specific projects in the CoC and how this affected the CoC's ability to address homelessness and provide the necessary reporting to HUD.
(limit 1500 characters)

4B-9. Did the CoC or any of its CoC program recipients/subrecipients request technical assistance from HUD since the submission of the FY 2015 application? This response does not affect the scoring of this application.   No

4B-9a. If "Yes" to Question 4B-9, check the box(es) for which technical assistance was requested.

This response does not affect the scoring of this application.

CoC Governance:	
CoC Systems Performance Measurement:	
Coordinated Entry:	
Data reporting and data analysis:	
HMIS:	
Homeless subpopulations targeted by Opening Doors: veterans, chronic, children and families, and unaccompanied youth:	

Maximizing the use of mainstream resources:

Retooling transitional housing:	☐
Rapid re-housing:	☐
Under-performing program recipient, subrecipient or project:	☐
	☐
Not applicable:	☐

4B-9b. Indicate the type(s) of Technical Aassistance that was provided, using the categories listed in 4B-9a, provide the month and year the CoC Program recipient or sub-recipient received the assistance and the value of the Technical Assistance to the CoC/recipient/sub recipient involved given the local conditions at the time, with 5 being the highest value and a 1 indicating no value.

Type of Technical Assistance Received	Date Received	Rate the Value of the Technical Assistance

4C. Attachments

Instructions:

Multiple files may be attached as a single .zip file. For instructions on how to use .zip files, a reference document is available on the e-snaps training site: https://www.hudexchange.info/resource/3118/creating-a-zip-file-and-capturing-a-screenshot-resource

Document Type	Required?	Document Description	Date Attached
01. 2016 CoC Consolidated Application: Evidence of the CoC's communication to rejected participants	Yes		
02. 2016 CoC Consolidated Application: Public Posting Evidence	Yes		
03. CoC Rating and Review Procedure (e.g. RFP)	Yes		
04. CoC's Rating and Review Procedure: Public Posting Evidence	Yes		
05. CoCs Process for Reallocating	Yes		
06. CoC's Governance Charter	Yes		
07. HMIS Policy and Procedures Manual	Yes		
08. Applicable Sections of Con Plan to Serving Persons Defined as Homeless Under Other Fed Statutes	No		
09. PHA Administration Plan (Applicable Section(s) Only)	Yes		
10. CoC-HMIS MOU (if referenced in the CoC's Goverance Charter)	No		
11. CoC Written Standards for Order of Priority	No		
12. Project List to Serve Persons Defined as Homeless under Other Federal Statutes (if applicable)	No		
13. HDX-system Performance Measures	Yes		
14. Other	No		
15. Other	No		

Attachment Details

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Submission Summary

Ensure that the Project Priority List is complete prior to submitting.

Page	Last Updated
1A. Identification	Please Complete
1B. CoC Engagement	09/09/2016
1C. Coordination	09/09/2016

1D. CoC Discharge Planning	09/09/2016
1E. Coordinated Assessment	09/09/2016
1F. Project Review	Please Complete
1G. Addressing Project Capacity	09/09/2016
2A. HMIS Implementation	Please Complete
2B. HMIS Funding Sources	09/09/2016
2C. HMIS Beds	09/09/2016
2D. HMIS Data Quality	09/09/2016
2E. Sheltered PIT	09/09/2016
2F. Sheltered Data - Methods	09/09/2016
2G. Sheltered Data - Quality	09/09/2016
2H. Unsheltered PIT	09/09/2016
2I. Unsheltered Data - Methods	09/09/2016
2J. Unsheltered Data - Quality	09/09/2016
3A. System Performance	Please Complete
3B. Objective 1	Please Complete
3B. Objective 2	09/09/2016
3B. Objective 3	09/09/2016
4A. Benefits	Please Complete
	Please Complete